

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101647002

FILING DATE

5/30/02
CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		1		
2		1		
3		1		
4		1		
5		1		
6		1		
7		1		
8		1		
9		1		
10		1		
11		1		
12		2		
13		2		
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TOTAL IND.		9		
TOTAL DEP.		16		
TOTAL CLAIMS		22		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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